



# TOWN OF NEWPORT, NORTH CAROLINA

P.O. Box 1869  
200 Howard Blvd.  
Newport, NC 28570  
(252) 223-4749

## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY TAXI SERVICE

RENEWAL APPLICATION: [ ]

TO THE MAYOR, AND HONORABLE COUNCIL OF THE TOWN OF NEWPORT:

The undersigned hereby makes application for a taxicab franchise/renewal of franchise under the provisions of N.C. General Statute 160A-304, and presents to the Council the following information.

1. That the applicant is familiar with the ordinances of the Town of Newport relating to liability insurance, driver regulations, regulation of rates, and other matters pertaining to the operation of taxicabs.
2. That the individual, corporate, LLC, partnership and/or trade name and business address for the applicant is:

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

FED TAX ID#: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DRIVER'S LICK. #: \_\_\_\_\_

3. That the applicant is:

A.  An individual and sole owner of the taxicab business to be operated under the above name.

B.  A corporation chartered or LLC, partnership or other entity (attached copy of Articles of Incorporation, Articles of Organization, or a Certificate of Authority for a foreign corporation if applicable) under the laws of North Carolina in the year \_\_\_\_\_ and the officers of the corporation or members of the LLC partnership are:

Names and office held:

\_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

C.  A partnership (attach hereto copy of agreement of partnership), and the names and business address of the partners are as follows:

Names: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

4. That the applicant operates in the following municipalities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. That the applicant is requesting a franchise to operate \_\_\_\_\_ taxicabs.

6. Attach a complete list of motor vehicles to be operated showing year, make, model, VIN number and passenger carrying capacity of each.

7. If business is operating under an assumed name, applicant must furnish a copy of the certificate filed with the Register of Deeds in this county, as per GAS. 66-14.

LIST EXPERIENCE IN TRANSPORTING PASSENGERS: (attach additional sheets as necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE AREA OR AREAS DESIRED TO BE SERVED BY EACH VEHICLE AND CORRESPONDING HOURS OF OPERATION: (attach additional sheets as necessary.)

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LIST FEE SCHEDULES: (attach additional sheets as necessary.)

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PROVIDE INSURANCE INFORMATION AS REQUIRED UNDER TOWN ORDINANCE 18-47. (attach additional sheets as necessary.)

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DESCRIBE ADDITIONAL FACTS (not arguments or conclusions) WHICH SUPPORT REQUEST FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY: (such as inadequate taxis or taxi service to serve the public need or requests for this service and by whom made) (attach additional sheets as necessary.)

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HAVE YOU OR ANY OFFICER, DIRECTOR OR PART OWNER, MEMBER OF LLC, PARTNER OF THE COMPANY OR INVESTOR IN THE COMPANY EVER BEEN ARRESTED OR CHARGED FOR A VIOLATION OF THE TRAFFIC LAWS OF EITHER THE STATE OF NORTH CAROLINA OR THE TOWN SPECIFIED ABOVE?         Yes         No        If yes, how many times have you or any other person been arrested or charged? \_\_\_\_\_

For each arrest and/or charge, state the place where the arrest or charge occurred.

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Have you or any other person specified in the preceding question ever been convicted of a felony?         Yes         No

If yes, provide details as to what offense(s) you were convicted of, when the offense(s) occurred, where the offense(s) occurred, and the dates you were convicted.

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Has the citizenship been restored? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, when and by what court? \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application. I understand that false information and documentation, or a failure to disclose relevant information shall be grounds for rejection of my application, and/or criminal or civil action against me.

\_\_\_\_\_  
Applicant signature

NORTH CAROLINA

\_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public of said County and State, certify that \_\_\_\_\_

personally appeared before me this day, and being duly sworn or affirmed, and acknowledged his or her signature on this instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Official Seal)

My commission expires: \_\_\_\_\_